5/5/2010	

S\$

S\$

S\$

Payee 1:

Payee 2: (Strike if N.A.)

Payee 3: (Strike if N.A.)

Name 1:

Name 2:

Name 3:

## CC 6/A16 2000 3696 / A ks3

LKK:
IDAC:

INS. CASE OWNER	R:	CC @ //11 vt 2000	7 1 7	1 (5)		
Surveyor:	Adrian	DOI: ASSIGNM		Date / Time : 6	3/2020	
				Registered in Merimen:	6/3/2	200
Pre-assign / CCU	/ FTE					
Insured Vehicle No	o. : SMR 5281	7	Claim No.	. 123114		
			Policy No.			
Name of Insured						
Insured Tel No.	:	- A	Make / Model			_
Excess Sec II :S\$		D.O.A: 21 2 7070	Place of Accid	ent:		
Is driver the owner	r? ( YES / NO )	Nature of Accident :				
If NO, Driver Na	me / Age :		OI GIA REPO	RT: YES / NO ; TP GIA	REPORT: YES	S/NO
Driver Tel	No. :	(V/L: YES / NO)	Insured Liabili	ty: % Fina	al? Yes/No	
JRA 195		-	1, 111111111111111111111111111111111111			
INSRS:	INSRS:		INSRS: WSP:		INSRS: WSP:	
WSP: NHT	WSP: Tel:		Tel:	10-71	Tel:	
Liability:	Liability	:	Liability:	R-N	Liability:	
RMKS:	RMKS:		RMKS:		RMKS:	
Date/ Time						
4	JRA195 : X .	SMR 52817: X		STAGE	DAT	TE / PIC
	/			Non-Reporting ltr (1st):		
				Non-Reporting ltr (2nd): Non-Reporting ltr (Final):		
2007 2				Notification ltr (if non-pic		
				Call OI:		
				After call ltr to OI:		
				Documentation Check L		Typist
				Notification ltr (if non-pic	kup)	-
				After call ltr to OI: Authorisation To Act:		
				Release Voucher:		
				Final Repair Bill:		
				Car Rental Invoice:		
				Towing Invoice		
				LTA / GIA:		
				Medical Bill:		
				PIR:		
				Mandate/Reject Instruct	ion:	-
				LOD		
PRELIMINARY ADVICE	Data/Time:	Sent By:		Payment Breakdown Fo	rm:	
FRELIMINARI ADVICE	Date/Time:	Sent By:		Post-Repair Photos: Others:		
FINALIZATION	Date/Time:	Confirm with:	515 7 6 5	Confirm by:		
Repair Cost:	S\$ (	days) Reduction:	%	Ema	il Call	
FINAL SETTLEMENT	Date/Time:	Confirm with		Email Call		
Final Liability:		Assessed) BOLA S/N No.:		If NO or B 28, Ass. Lia	:	
Repair Cost:	S\$					
Loss of Rental (LOR):	S\$ (	days)				
Loss of Use (LOU):	S\$ (\$ x	days)				
Loss of Income (LOI):  LOR only LOU only	S\$ (\$ x	days) OR + LOI [Tick only one]				
GIA/LTA Search	S\$	THE COLUMN THE PROPERTY OF THE				
Medical:	S\$			1) Claim status: Normal	/Reject/Private	Settle
Disbursement:	S\$	(e.g. Tow/ Independent	:)	2) Report Format:		
Legal Cost	S\$			3) Survey fee:		
Total:		Global Sum S\$:			1	
FINAL PAYMENT	Date/Time:	Confirm with:		Email Call		

## ASSIGNMENT |

Erom:	Date:	Veh No: JRA195. Yr Regn: 2015 / August.
From: Estimated Cost:	a de la companya de l	Type: M.Car/ M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
	PRESIODRESIEVAINVIMV	Truck / Trailer or
To Inspect Vehic		Make: Peradua Myvi c.c 1258  Colour Purple - A/C: Insured / Std / NI / NA  Sp. Reading 44244 . T/Radio: Insured / Std / NI / NA
at Workshop m/s		Colour Purple - A/C: Insured / Std / NI / NA
		Sp.Reading 44244. T/Radio: Insured / Std / NI / NA
Insured:		Eng/No:
D-ENe		C/No: PM2M 602500 2238455
Claims No.		Gen. Cond: Good Fair / Poor / Burnt
Sum Insured:	Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Reco		Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh:		Modi: Nil /S/Rim / STD A/Rim or
mano or von		Tyre Size: F: 175/65R14-
(Policy Conditi	ion)	R: 175/65R14.
,	eh had commenced its N/S O/S	BS / DUN / EXNOVA GY FS / LIZA / MIC / OHTSU / PIR / SUMI /
	r at the time of inspection.	TOYO / YOKO or
Bal, or Market V	/alue:	Front Rear
IDAC Accident	2 11 12 V 11	R/Bal. 66 mm
GIA / PR See		L/Bal. 96 mm L/Bal. 06 mm
	days Res.: Yes or No	D.O.A. D.O.I. 06/03/20
Est. Repairs: Lum Sum:	% 3 Val.: Yes or No	Survey held at NITT.
		Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
CA / REV	/ REP. / 24 HRS Vehicle: IN / OUT	C + 4/c
Date:	Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time	Action / Instruction	
	TPALL.	
	M. /	
	M∨:	
	PV:	
	PV:	
Date (Time Tile D	PV: Nett:	David Of Davids
Dale/Time, File Pa	PV: Nett:  Dissio? : Preli. Report	Days Of Repair:
1)	PV: Nett:  ass to? : Preli. Report : Final Report	Resurvey No. of Trip: Survey Fee:
1) Date/Time, File R	PV: Nett:  Preli. Report : Final Report	Resurvey No. of Trip:  Survey Fee:  Transportation:
1)	PV: Nett:  ass to? : Preli. Report : Final Report	Resurvey No. of Trip:  Survey Fee:  Transportation:  Site Insp (\$ )3 + R8SI
1) Date/Time, File R 2)	PV: Neth:  Dissio? : Preli. Report : Final Report Add Fe	Resurvey No. of Trip:         Survey Fee:           Transportation:         Transportation:           G: Site Insp (\$ )3 * R8SI         Photos
Date/Time, File R 2) Peport For	PV: Neth:  Dissio? : Preli. Report : Final Report  Add Fe	Resurvey No. of Trip:         Survey Fee:           Transportation:         Transportation:           : Site Insp (\$ )3 * RSSI         Photos           : Interview (\$ ) Photos         Others
1) Date/Time, File R	PV: Neth:  Dissio? : Preli. Report : Final Report  Add Fe	Resurvey No. of Trip:         Survey Fee:           Transportation:         Transportation:           G: Site Insp (\$ )S * RSSI        S + RSSI           Interview (\$ ) Photos        S + RSSI



Biller Code: 1578 Ref.1: Q0319994

Ref.2: IDNUMBER / CONTACTNUMBER

Level 12, West Wing, The Icon, No. 1, Jalan 1/68F, Jalan Tun Razak, 55000 Kuala Lumpur. Tel: 03-2180 3000 Fax: 03-9281 2729 24/7 Emergency Auto Assist Helpline: 1300-880-881

JomPAY online at Internet and Mobile Banking with your Current or Savings Account.

NEW BUSINESS Insured Name	: Tan Sau Siang						
Quotation No.	: Q0319994	Issued Date	: 05-08-2019	Inception Date	: 11-08-2019	Expiry Date	: 10-08-2020
New Ic No	: 810418015141	Old Ic No	:	Business Reg No.	:-	Post Code	: 80050
Gender	: Male	Marital Status	: Married	Mobile No	: 0167123133		
			VEH	ICLE INFORMATION			
Vehicle No	: JRA195	Trailer No	:-	Ownership Type	: Individual	Coverage	: Comprehensive
Year of Manufacturing	: 2015	Vehicle Type	: Private Car	Vehicle Usage	: Private Use (Drive	To Work/Daily Use)	
Make & Model	: Perodua - Myvi						
Variant Series	: Ezi Premium	4 Sp Automatic					
Capacity	: 1298.0 CC	BDM-BTM	1 -	Engine No.	: T19B31G	Chassis No.	: PM2M602S002238455

No.of Seats

Number of Named Drivers : Policy holder + 2 Named Drivers

Geographical Area: Malaysia, Republic of Singapore and Negara Brunei Darussalam.

NCD %

## Subject to following clauses printed herein or attached hereto :

W01 - WARRANTY NO. 1 - WARRANTY ON OVERLOADING OF VEHICLE (APPLICABLE TO ALL COMMERCIAL VEHICLES INCLUDING PRIVATE BUSES AND VANS) ST - SERVICE TAX
AVC - AGREED VALUE CLAUSE (NOT APPLICABLE TO RECONDITIONED VEHICLE) (NON-TARIFF)

: 55.0

NCD Vehicle No. : JRA195

Extra Benefit : Description	Sum Insured/Current NCD (RM)	Premium (RM)
ENDORSEMENT 100 - LEGAL LIABILITY TO PASSENGERS CART 7 days x RM 100 ENDORSEMENT 72 - LEGAL LIABILITY OF PASSENGERS FOR NEGLIGENT ACTS ENDORSEMENT 89 - BREAKAGE OF GLASS IN WINDSCREEN, WINDOW OR	0.00 700.00 0.00 1,000.00	30.15 70.00 7.50 150.00

PREMIUM INFORMATION		
MOTOR	RM	
Sum Insured	27,000.00	
Excess All / Damage Claim	0.00	
Voluntary Excess	0.00	
Premium	1,128.58	
Less NCD 55.00 %	620.72	
Extra Benefit	257.65	
Premium Due	765.51	
Service Tax 6.00 %	45.93	
Stamp Duty	10.00	
Total for Motor	821.44	
Total Payable	821.44	
Note: In compliance with the cash before cover regulation, the cover note can only be issued upon receipt of the NCD Percentage quoted in this quotation will be validated again during cover note stage.	ne above premium in full.	

JB5012250 LIQIN AGENCY

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Rating Serial No. MT20190322V6-100-02-01